(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, borer, Farm laborer, Laborer—Coal mine, etc. Womespecially in industrial employments, it is necesmany occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia, "

American Medical Association.) approved Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronicvalvular heart disease; etc. The contributory etc., of

STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. 1/6
11.
St.: Ward)  (If death occurred in a hospital or institution, give its NAME listead of street and number.)
ICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)
(Month) (Day) (Year)
BY CERTIFY, That I attended the deceased from
1927 . to 1 2 , 1920.  Linalive on 1 , 1921.
curred on the date stated above, at 21/1 m.
EATH * was as follows:
<i></i>
(Durstion)yrsmos/ds.
ative commencia
(Durstion) yrs mos. ds.
(Address) Cambridge Mil
Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether lal or Homicidal.
RESIDENCE (For Hospitals, Institutions, Trans- Residents)
In the

At place of deathyrsmos5	In the State	_ds
Where was disesse contracted, f not at place of dea.h?	orn in Cambus	-
Former or usual residence	Mospetie	

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous or the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engincer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentaken. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic ," "Coma," "Convulsions, etc. The contributory affection need valvular heart Nomenclature of the disease; not be

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation laborer, state occupation at beginning of illness. If retired from should be used only when necded. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreinan," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Automobile factory. The person, irrespective of inaterial Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (r gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Housemaid, etc. If the occupation has been changed Foremon, (b) to know or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the Automobile foctory. The materia -Coul mine, etc. person, irrespective of (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

B ....

FEB

V. S. No. 1

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ING INKTHIS IS A PERMAN	A P	ERMAN! CORD	)	
arefully supplied. A	CE s	arefully supplied. ACE should be stated EXACTLY, PHYSI-In plain terms so that it may be properly classified. Exact	TLY, PHYSI-	

	6	PLACE OF DEATH	00448 STATE OF MARYLAND
1		County Horchester	CERTIFICATE OF DEATH
/1			Registration Dist. No. 116
		P. 1:11 7 + 11	P4 + // //
	Vill	lage or City amurely (No astern the	Ward) a hospital or institu-
ate		m 1++ D 72	tion, give its NAME In-
fic		2FULL NAME // LULE /). /	number.)
Sert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
×	4	male white WIDOWED, OR DIVORCED	January / The, 198/
ac	752	(Write the word)	(Month) (Dsy) (Year)
L	6 D	DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
8		april 22 no 1891	Allemen 2 3198 Q to January 1, 1901,
uo		(Month) (Day) (Year)	that I last saw har alive on an unary 11, 198/,
oti	7 A	GE [If LESS than	and that death occurred on the date stated above, at 5. 45 P.m.
=		1 dayhrs.	The CAUSE OF DEATH * was no follows:
ns		3 9 yrs. 8 mos. 2 2 ds. or min.?	Effaustion tollowing Men
96	80	a) Trade, profession or	tal Disease: mande De-
Š		articular kind of work	Gresser manie
+		o) General nature of industry	
tai		usiness, or establishment in	(Durstion)yrsmos. A.Q.ds.
bo	9 B	DIRTHPLACE	Contributory Secondary
E		(State or country)	(Duration) A.yrs mos de.
2	T	10 NAME OF //	Bhaslas (Ta highba)
V 6		FATHER General mitchell	(Signed) M.D.
00	S	II BIRTHPLACE OF FATHER	(Address)
O	z	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Ē	R	12 MAIDEN NAME	
A	A	OF MOTHER Mary and Harvery	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2		OF MOTHER	At place 10. In the Unknown
0	- 1	(State or Country)	of death yrs mos ds. State yrs mos ds.
10	14 7	THE ABOVE IS TRUE TO THE BEST OF NY KNOWLEDGE	Where was disease contracted, if not at place of death?
		1/2 1: + D(N) 1 . Q	Former or usual residence Trains tun maryland
ne		(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ter		(Address) ( B. S. Hoop Famburge ms	belouted - mpc 1
state	15	De la company	20 UNDERTAKER ADDRESS O
	15	Filed an. 13 198/ Swapper	W. H. Willes & Bro. Canholidge
	_		The state of the s
		If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewite, House-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Automobile factory. The material (b) Grocery,

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V. S. No. 1

(Approved by U. S. Census and American Public .; Health Association.)

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-- Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD OR BINDING S A PERMAN

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SVED	THIS	peliddus
MARGIN RESERVED F	LY, WITH UNFADING INK-THIS I	information should be carefully supplied.
RGIN	NFADII	d be ca
MA	TTH U	Inous
	LY, W	mation
	77	info

WRITE

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V. S. No. 1

	00450
PLACE OF DEATH	STATE OF MARYLAND
County Sarchester	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or CityCambridge (Neasterniha	re State Assistal Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME William Pichar	tion, giva its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF SEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw belinglive on full war of 4th 1931.
7 AGE If LESS than	and that daath occurred on the data stated above at m.
78 7 5 1 dayhrs.	The CAUSE OF DEATH * was as follows:
O yrs. mos. de. or min.?	decliral accessions
(a) Trade, profession or particular kind of work	
(b) General nature of industry	· L
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
Maryland	(Duration)
10 NAME OF FATHER	(Signed) Toharles Japierre M. D.
11 BIRTHPLACE	Jan 19 190/ (Address) Farful Del Mg.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)  OF MOTHER	of deathmos Ads. Statemosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of Lath?
Was to the Was as So.	Former or usual residence
(Informant) Of Spilar Vector (Address) S. Hosp Lambridge My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Jan 19 1931 E. E Wrest	20 UNDERTAKER ADDRESS
R'egistrar	yas. a. spince ! Caston md.
If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housenuid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, uner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure, Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease, The nature of the injury, etc. The contributory

V. S. No. 1

Filed

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19	County	orthes	ler		_	
Vi	llage or City	Conul	ndg	Va. (	Ro. J.	æ
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	PERSON	AL AND	STATIST	ICAL I	PARTIC	JLARS
3	SEX	4 COLOR C		OR I	RIED, OWED, OIVORCED e the word	Fingle.
6	DATE OF BIR	тн	0			
		*****************************	(Month)		19 (Day)	, 1230 (Year)
7	AGE	yrs.	***************************************	mos	14 de	If LESS than I day hrs. or min.?
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06451

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.//6

St.:	_Ward)	(If death a hospital tion, give i stead of number.)	or ins	titu-

Countri agr. R. F.D.

MEDICAL CE	RIIFICATE	OF DEATH	
16 DATE OF DEATH	Jan.	2	1936
	(Month)	(Day)	(Year)
17 I HEREBY CERTI	FY That I at	tanded the d	annual from
thet I lest saw halive			
and that deeth occurred on The CAUSE OF DEATH * wa		d above, at	A. m.
Premative	Birth.	( mich	inje
only in attend	dance)	******************	
	(Durstion)	yrsr	nosds.
Contributory Secondary		***************************************	***************************************
	(Durstion)		nosds.
(Signed) (Addr. 2 192 (Addr.	(Durstion)	J. Z.	4. M. D.
*State the Disease (Violent Causes, state (1) Accidental, Suicidal or Homic	Causing Death Means of I cidal.	or, in deaning and (2)	aths from Whether
1B LENGTH OF RESIDENC ients or Recent Residents)		itals, Institut	ions, Trans-
At place of deathyrsmos	ds. In the	e iteyrs	mosds,
Where was disesse contracted, if not at place of dee.h?			***************************************
Former or usual residence		****	
Cordtown, 2		Jan. 3	BURIAL 1933
20 UNDERTAKER		ADDRESS	

If more beenks are needed, addre.s Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation But in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature of the Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Always qualify all not be

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should see a AUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCU \*AIION is very important. See instructions on back of certificate. BINDING PERMAN WITH UNFADING INK--THIS IS A FOR MARGIN RESERVED WRITE PL

No. 1

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	County Dorchester	00452 STATE OF MARYLAND CERTIFICATE OF DEATH
d	STIMIL STARGENCY MINTIN	Registration Dist. No. //6
	Village of City (100.1.1.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
	2FULL NAME, Infant Clues	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / (Month) (Day) (Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 to 192 , 192
	Short - Iron ds. or min.?	and that death occurred on the date stated above, at 10.30 A, m. The CAUSE OF DEATH * was as follows:
1000	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Stoll born (abut 21/2 suntles abortion - den to fall)  (Durstion) yrs. mos. ds.
indim fina	9 BIRTHPLACE (State or country)  10 NAME OF FATHER Skerbert Cheester	Contributory Secondary  (Duration) yrs mos de.  (Signed) ZWelff & M. D.  Jenn, 14 1911 (Address) Carelling M. D.
	OF FATHER  (State or country)  M	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Ruth Printed  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
	(Informant) Ruth Chester	Where was disease contracted, if not at place of deah?
	(Address) Cambi dys, my  15 Filed Jan 14 1921 SeWelff Registres	Counting lege lud. Jan. 14, 1931.  20 UNDERTAKER  Willist Counter Brutton, Ind.
	If more b.anks are needed, addre.s Ltate Kegistrai	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Spinner, (b) Cotton mill; (a) Salesman, (b) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia Grocery;

s, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect) Statement of Cause of Death-Name, first, the pispneumonia, Bronchopneumonia ("Pneumonia

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. approved by Committee on letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart Nomenclature disease;

dita is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all questions

STATE	OF	MAR	YLAN	D
CERTIFIC	CAT	E OF	DEA	TH

Ornish Registration	) (If death occurred in a hospital or institution, give its NAME Instead of etreet and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	14 , 1931
(Month)	
17 I HEREBY CERTIFY, That I at	tended the deceased from
50 1930. to In	may /4, 193/
that I last saw ham alive on	
and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, at
Chronic Nolumber	Aunt
besser Chan	- hisheli
(Duration) L	ut. 8 mos de
Contributory	0.0000000000000000000000000000000000000
(Durstion)	yrsds,
(DIBITED)	M. D.
14 1934 (Address) Q	
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Trans
ients or Recent Residents) At place	e .
of deathmosds. Stu Where was disease contracted,	ateутвmosds
if not at place of death?	• • • • • • • • • • • • • • • • • • •
Former or usual residence	\$4400000000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Bareach Cemples	tou 16. 1931

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

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carbolic acid-probably suicide. The nature of the injury, "Exhaustion," "Heart failure,
"Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

MARGIN RESERVED

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Icare	PLACE OF DEATH  County Disham  Village or City Cambridge Mano. Cambridge T. C.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jany 24, 1931		
ons on no	6 DATE OF BIRTH  (Month) (Day) (Year)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  192 to , 192  that I last saw h alive on , 192		
e instructi	F3 yrs. 6 mos. 25 ds. or min.?	and that death occurred on the date stated above, at		
on is very important. Set	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)	(Duration) yrs. mos 3 de		
	10 NAME OF FATHER LIMING Edmings  11 BIRTHPLACE OF FATHER (State or country)	(Signed)		
	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death of the State Tyre 3 mos 3 de Where was disease contracted,		
	(Informant) H. L. Showledge	if not at place of desth?  Former or usual residence		
	(Address) (MWW) 15 Filed Jan. 28, 1931 ElWolff Registrar	Lank E. alburgh Cambrily had		
	If more branks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.		



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from tired 6 yrs). gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the bissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros much fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

1911-4-15 78, 1911-4-20 48, 20, 1911-4-20 48,

Recommendations on statement of cause of death stated unless important. Example: Meosles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) "Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," Whooping cough; approved as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitiol nephrilis, by Committee on Chronic valvulor heart discose; etc. Nomenclature The contributory Meosles;

00456

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. //6

(If death occurred in a hospital or institu-

6	Ellitt	tion, give it stead of number.)	s NAME in street an	
	MEDICAL CERTIFICATE OF DEATH			
/ in s.	that I last saw h salive on and that death occurred on the date.  The CAUSE OF DEATH * was as follows.	Memr.	(Year)	
	Stell-bom	( aconchu	ut Jon	
	Contributory Secondary			
-	(Signed)			
	Accidental, Suleidal or Homicidal.  18 Langth Of Rasidents)  At place	Hospitals, Instituti	ions, Trun	
	of death we mos de	Statevrs	.mosd	

PLACE OF BURIAL OR REMOVAL

Where was disease contracted,

if not at place of dea h?.

ertaker / ADDRESS

2D UNDERTAKER

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

Former or usual residence,

8 No. 1

So buth centificate

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise agreement, without more precise and mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, and the duties of the en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccsdefinite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia eerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sareoma, etc., ot diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease Whooping cough; Chronie Chronie interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronie valvular heart disease; etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

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> American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by ruilway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature disease; death

	11		
YSI	Xac	PLACE OF DEATH  County Dorchester	00459 STATE OF MARYLAND
T E		County No Museu	CERTIFICATE OF DEATH
>	9	WILMIN CORPORATE LIMITE OF	Registration Dist. No.
CORD	ficate.	Village or City Cambridge (No. Or 2FULL NAME Robert A. Garne	Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
Pated by	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AN d	y be prack of	Male White (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
R.W.	ma n b	6 DATE OF BIRTH	17 (1 HEREBY CERTIFY, That I attended the deceased from
PE PE	8 0	Unknown	192 . to, 192,
C 4 D	lon	(Month) (Day) (Year)	that I last saw halive on, 192,
IS A	so t uct	7 AGE Markenson If LESS than	and that death occurred on the date stated above, at
IIS	str	yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
TT-TT-	ern ein	8 OCCUPATION	Lead - self-inflicted
ns X	Se	(a) Trade, profession or Jaulor	
	pla Tr.	(b) General nature of industry business, or establishment in	Inquest Named
5 5	r ta	which employed or (employer)	(Duration)yrs,mosds.
ADII	mpo	9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  Ourstion  Ourstion  Outside, March 1988
T N	Z D	10 NAME OF	it. Vinlou, P. J. Octing Carone M. D.
D H	8 Ve	FATHER UNIVERSITY	Jan. 7 1698 (Address) Embadge Ind
WIT on sl	ON I	OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y, mati	PATI	of MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	in constant	13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of deathyrsmosds. In the Stateyrsmosds  Where was disease contracted,
Ш	our	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
IT.	ent	(Informant) Lewis Marshall	usual residence
WR in	stem	(Address) Cambridge And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(T)	State	15 Filed 1/8 1931 PAMunter	20 UNDERTAKER ADDRESS
The second		Registrar	16. M. Willes 173M Cambredge Mid
2		If more blanks are needed, address State Registral	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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PLACE OF DEATH	00460 STATE OF MARYLAND
County 01 County 23	CERTIFICATE OF DEATH
VITAGE OF City Caulmy (No. Caulm	And Mal Horald Registration Dist. No. 16
2FULL NAME Prelim Graft	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH WY LINE 1	17   HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on 192, ,
7 AGE	and that death occurred on the date stated above, at 10 W. m.
22 cliff in its	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Thurs nwithing when him the
(a) Trade, profession or Willy particular kind of work	hopital mades oblain an hinter no
(b) General nature of industry	republished to make
business, or establishment in which employed or (employer)	(Duration) yrs. mos. do.
9 BIRTHPLACE 1/9	Contributory Water Pulm. V. B.
(State or country)	Seeondary
10 NAME OF RATHER NATIONAL	(Signed) M. D.
11 BIRTHPLACE	(Address) Caulyy M
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER WY Thum	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  And Thurum	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted had fly in porcheter if not at place of death?County about a week
(Informant) - Graffy (will)	Former or usual residence Conned Conned Conned Conned
(Address) Mulism MM,	Madien MA. Jan. 2/, 193/
15 Filed Jan. 3/, 198/ Erweff Registrar	20 UNDERTAKER / CAMBULGO MA.
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

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"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition." "Marasmus," "Old Age," "Shocker tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, letanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on as fracture of skull, and consequences (e.g., sepsis, earbolic ocid-probably suicide. occident; Revolver wound of head-homicide; Poisoned by Examples: A ceidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association. Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be "Marasmus," "Old Age," "Shock," Chronic valvulor heart etc. The nature of the injury, Nomenclature of the The contributory discose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

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	+a	7	×
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1	E	8	S
	of	g	0
	_	O	0
	ten	3	en
	Every item of infermation should be carefully supplied. ACE should be stated EXACTLY, Pt	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) Month) .....(Day)..... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) (Month) IIILESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Address) ... 11 BIRTHPLACE OF FATHER \*State the I is use Causing Death, or, in deaths from RENT Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... ....yrs......mos.....ds. State (State or Country) Where was disease contracted, if not at place of dea.h?... 14 THE ABOVE IS TRUE TO THE BEST Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA ADDRESS

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthwhatever, write Nanc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Servant Cook, Housennaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material As examples: (a) But in many (b) cngineer, Grocery; B

Statement of Cause of Death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphill fewer (the only definite synonym is "Epidemic cerebrosphial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia");

networks) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury. Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Chronic valmular heart disease; etc. The contributory affection need not be

ok.

PLACE OF DEATH	00462 STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
A	(53) Registration Dist. No. //2/
ED H	
Village or City Gilliall (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Clume Gray	tion, give its NAME is - stead of street and number.
1 OLD NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wars	16 DATE OF DEATH AN 2 - 1931
female white or DIVORCED (Write the word)	, 192
6 DATE OF BIRTH	(Month) (Day) (Year)
This 111" .072	Jamary 1" 1929. to Jamary 1", 1931,
(Month) (Day) (Year)	that I last saw her alive on august H " 1930,
7 AGE	and that death occurred on the date stated above, at 12 P. m.
ron & O I day hrs.	The DAUSE OF DEATH * was as follows:
9 / yrs. 0 mos. / ds. or min.?	Carcinoma of Gladder & ab.
B OCCUPATION (a) Trade, profession or	donnal Viscera
particular kind of work	Crimary in bladder curgo?
(b) General nature of industry business, or establishment in	(Duration) Vrs. mos. ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory
1 10 NAME OF	(Destion) green de
FATHER 10 000	(Signed) Lewoura J. Cambrey M. D.
0 11 BIRTHPLACE	JAN (192) (Address) Menua, Jua.
OF FATHER (State or country) (Maryland)	*State the is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER Emmalene Neurley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Haryland)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if nor at place of doa h?
Gustan Gray.	Former or usual residence
(Informant) (Informant) (Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jellioue, AF	Collecte, that tan. 4, 1931
15 Filed 9 - 1931 192 Edward & Jamke	South Dertaker of and Sing En Mars Both
Local Registras	Helloughly www 10.11. miger
If more blanks are needed, address State Kegistra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know fulness of various pursuits ean be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestie service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as  $\nu uy$  laborer, Farm, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in (a) the kind of work and also (b) the Locomotive engineer, persons en-Grocery,

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as eun be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstilial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal eondi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The valvular heart disease; contributory not be

EXS	County Drichester
LY, P	Boo. H
ass	Village or City (No
EXA Inflica	2FULL NAME Roy Hudson
ope	PERSONAL AND STATISTICAL PARTICULARS
d be st y be pr ack of	Male While SINGLE, MARRIED, WIDOWED OR DIVORCED Jungle (Write the word)
it ma it ma s on b	G DATE OF BIRTH Jane 5th 1894
CE that long	(Month) (Day) (Year)
so 1	7 AGE If LESS than
pllec rms instr	36 yrs. 7 mos. 16 ds. or min.?
suplin to	(a) Trade, profession or particular kind of work Life-long Invalid.
in pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)
EATH impor	9 BIRTHPLACE (State or country) Collivtto Maryland
uld ery	10 NAME OF AVILLE GRAND
SE CI	of FATHER Z (State or country)  Maryland
CAU	Z (State or country)
Egn	of MOTHER MAILLA CO. 6 Well
f Info	13 BIRTHPLACE OF MOTHER (State or country)  Maryland
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Mr. Raunce Tray (brother)
Every It CIANS stateme	(Address) Elliotts, Tha-
1 1 0 0	Filed Jan, 212 1931 Sautin
ž	If more banks are needed, addres State Registrar

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME is -stead of street and number.)

...(Day)

(Year)....

MEDICAL CERTIFICATE OF DEATH

January 21st., 1931

(Month) I HEREBY CERTIFY, That I attended the decemed from January 20th. 19231 to January 20"1931

that I last saw h im alive on January 20"1931se

and that death occurred on the date stated above, at ... The CAUSE OF DEATH \* was as follows: Lobar Pneumonia.

No Resistance. Contributory

Life-long Invalid

...192. (Address) Vienna

\*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place of death ... Where was disease contracted,

if not at place of des.h? Former or

Secondary

usual residence

DATE OF BURIAL

Jan., 22",193

Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Dullaborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (0) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neceswhatever, write Nonc. tired 6 yrs. For persons who have no occupation business; that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. (b) Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Stotionary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEAR EAR : CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinktheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencorbolic acid—probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, approved as fracture of skull, and consequences (e. g., sepsis, agaident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by rothway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) Chronic valvular heart disease; affection need etc. The contributory not be

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No. 1
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	- 50	PLACE OF DEATH	06464 STATE OF MARYLAND
XX	HYSI- Exact	County Darchester	CEDTIFICATE OF DEATH
	A .	COUNTY COMPONATE LIMITE	31)
	¥,ë/		Registration Dist. No.
CORD	EXACTI Ily classi ificate.	2FULL NAME Dylustus Hum	St.: Ward)  (If death occurred is a hospital or institution, give ite NAME is stead of etroet an number.)
	roper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	sta pro of c	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
D'Z	D D D	WIDOWED, OR DIVORCED	January 6 , 1931
MA A	uld bay ba	mole   (Write the word)	(Month) 6 (Day) / 73/ (Year)
Z X	t u	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
<b>B C</b>	at ins	ankerown 1860	They. 2 8 1931 to have 6, 1931
R A	tion	(Month) (Day) (Year)	that I last saw h Amalive on 1934
FC	So on .	7 AGE   fLESS than	and that death occurred on the date stated above, at 2.4.5.2.
D	ied ns str	7 0 yrs. 7 mos. 7 ds. or min.	The GAUSE OF DEATH * was as follows:
田中	uppile termines	6 OCCUPATION	
K Y	Sec	(a) Trade, profession or particular kind of work	***************************************
S K	it ai	(b) General nature of industry	
A O	in plaint.	business, or establishment in which employed or (employer)	(Duration) Alexander Mos. de
NIC	H	9 BIRTHPLACE	Contributory Branchy
GIN	AT	(State or country) / /	Secondary (D. 1)
ARC	DED	10 NAME OF A	(Duration) yrs mos P de
A D	3 L 0	FATHER Garrison Human	(Signed) M. D.
T.E	sho E OI	M 11 BIRTHPLACE	(Address)
4E	CON	Z (State or country) Darchester Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	CAUSI CAUSI	TI 12 MAIDEN NAME	
7	Fog	of Mother Lugie (1) Ruman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiente or Recent Residents)
	state CCUP	13 BIRTHPLACE OF MOTHER	At place In the
7		(State or Country) Southstu Co	of deathyrsmosds, Stateyrsmosdwww.ds
(1)	*° 55	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1	should	Radell Annan	Former or usual residence
VR		(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
>	Every i	(Address) 5 Wright DT	Bethel Com Camb my Jan 9 , 19 3
4 8	CiA	15 0. 8.31 8 8 411 1011	20 UNDERTAKER ADDRESS
4	, m	Filed Jan. 8, 198 Registrar	H. M. st Clair Cambo med
	(-)		The state of the s

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptaed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory

RESERVED

MARGIN

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institution, give its NAME in-stead of street and

number.)

9....(Day) / 9.3 ( (Year).

deaths from

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, evc. wun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

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PLACE OF DEATH

00466

#### STATE OF MARYLAND

County Downells	CERTIFICATE OF DEATH
Village or City Chandrady M. (No. (No.	Registration Dist. No. //6
Village or City Minds dy (No.	St.: Ward) (If death occurred in
2FULL NAME Jus Lish	E. Juken tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Du 26, 1850  (Month) (Day) (Year)	17 I HEREBY CERTIFY That I attended the deceased from 1921 to 1921, 1931, that I last saw here alive on fam. 14 , 1931,
7 AGE   If LESS than	and that death occurred on the date stated above, at 12.15 9.m.
80 yrsmoa. 29 ds. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Cardio - Vascular - Vanel
particular kind of work  (b) General nature of industry	Drieave
business, or establishment in which employed or (employer)	(Duration) yrs, mos, de,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER ALL ACURAM	(Signed) (Duration) sis mos. ds.  (Signed) Selvseff M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  L	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos, ds, State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) An John J. Jankan	Former or usual residence
(Address) / Cunhify mo	19 PLACE OF BURIAL OR REMOVAL Jan 16, 198/
15 Filed Jan. 16 1981 EBWolff Refistrar	Land & albangh Kanling my
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrunt, Cook, Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (re-Foremon, or At Home, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material and children, not gainfully emperson, irrespective of Locomoline cugineer, Grocery;

Statement of Cause of Death—Name, first, the present of Cause of Death—Name, first, the present of the causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroshmul fever (the only definite synonym is "Epidemic cerebration of the only definite synonym is "Epidemic cerebration"; "Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

Recommendations on statement of cause of death American Medical Association.) stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonocum, etc., Corcinomo, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be approved by Committee on Nomenclature telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic valvulor heart diseose; etc. The contributory

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, FHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING MLY, WITH UNFADING INK--THIS IS A PERMAN WRITE PL V. S. No. 1

County Dorensolus	CERTIFICATE OF MARYLAND
	(19) Registration Dist. No. 110
Village or City New Color (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME QUINTE STATE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
G DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  January 19231. to January 1931.  that I last saw her alive on January 1931.
7 AGE   If LESS than   I day hrs.   / mos. 2.7 ds.   or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or here!	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Durstion) yrs. mos / 5 ds.
(State or country) mon	Secondary (Duration) yrs mos ds.
10 NAME OF James Jenkins	(Signed) M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Code Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?
(Informant) Ceddie Serskenis	Former or usual residence
(Address) Hur Coels Ind	Pastunglow and Jan 16, 1931
Filed Jan 15° 19231 1 L Nashug	If B. William Hulling
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

See V. 8#2- 200. form ret. 3/1/31 from

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septidaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

', PHYSI-ed. Exact Every 1944 of information should be carefully supplied. ACE should be stated EXACTLY, Pl CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDIN FOR UNFADING INK--THIS RESERVED MARGIN (Informant) (Address S. No. 1 15 Filed 1

PLACE OF DEATH County Question		00465	STATE OF CERTIFICA
Village or City Jany los Seland (No.			Registration West St.: West
2FULL NAME VILLA C	relia	Joseph	<u> </u>
PERSONAL AND STATISTICAL PART	ICULARS	MEDIC	CAL CERTIFICAT
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVOR WHITE the V	CED	16 DATE OF DEATH	an .
6 DATE OF BIRTH		17 F HEREB	Y CERTIFY, That I
Cuc (A) (Day	1926 (Year)	that I last saw has	alive on on
7 AGE	If LESS than	and that death occu	erred on the late st
B OCCUPATION  (a) Trade, profession or particular kind of work	ds. ormin.?	The CAUSE OF DEA	TH * was as follows
(b) General nature of industry business, or establishment in which employed or (employer)	m		(Duration)
9 BIRTHPLACE (State or country) Manland		Contributory Secondary	(Duration)
10 NAME OF FATHER Regarder Ste	anjour	(Signed) and	Je me
OF FATHER  (State or country)	2	*State the I Violent Causes, s Accidental, Suicidal	iscase Causing Destate (1) Means of
of MOTHER ESUL CHIL	mullum	LENGTH OF RI	ESIDENCE (For He
13 BIRTHPLACE OF MOTHER (State or Country)	· La	At place of deathyrs	mosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNO	WLEDGE	if not at place of des	a.h?
a. aloi Vene		usual residence	************

Registras

MARYLAND TE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

#### E OF DEATH

DATE OF DEATH	A	./	
······	Dan.	15	1931
ــــــــــــــــــــــــــــــــــــــ	(Month)	(Day)	(Year)
7   HEREBY	CERTIFY, That	I attended the	deceased from
nat I last saw have	,		198.4.,
nd that death occurre	at an aba Nam		
he CAUSE OF DEATH			
~ .	Maria Maria		
Hept			
ocupu	MININ	70	
	(D)		mos 13 de.
	(Duration)	yts	mosde.
Contributory		·····	
Secondary	10		
A c.	1 0 11		ds.
igned and	-6). M		M. D.
1921	(Address)	Muriga	ely ha
	ease Causing		
Violent Causes, stat Accidental, Suicidal or	te (1) Means		
LENCTH OF PES	DENCE (For	Hospitals Inst	tutions Trans-

At place of deathyrs	mosds.	In the State	yrsd
1971			

DATE OF BURIAL

20

If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISTEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospital fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

S. No. 1

	PLACE OF DEATH	00
•	nu En	(3)
Vi	llage or City ( WODD (No	
	2 FULL NAME MM Edward In	rues
	PERSONAL AND STATISTICAL PARTICULARS	
3	SEX  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED SURFIL (Write the word)	16 DATE
6	DATE OF BIRTH	17
	(Month) (Day), 1931 (Year)	that I la
7	Stell Bone de or min.	The CAL
1	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Cont
	10 NAME OF gallian & Jores	(Signed)
RENTS	11 BIRTHPLACE OF FATHER (State or country)	Vlolen Accide
PARE	of MOTHER many clace homes	1B LENC
0.	13 BIRTHPLACE OF MOTHER (State or Country)  Md	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at
	(Informant) Darnuel Joseph	19 PLAC
15	Filed Jan 10 1923/ 1 - L Hashings	Sa und

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE O	F DEATH
(Month)	9 , 19 <b>5</b>
I HEREBY CERTIFY, That I atte	nded the deceased from
192 to	, 192
hat I last saw halive en	192
nd that death occurred on the date stated a the CAUSE OF DEATH * was as follows:  No Phy Ollson in Cause of the CAUSE OF T	Andrese.
Contributory(Durstion)	***************************************
Signed)	M. D
192 (Address)	
*State the Disease Causing Death, Vlolent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ary and (2) Whether
B LENGTH OF RESIDENCE (For Hospital ients or Recent Residents) It place In the State.  Where was disease contracted, not at place of death?  Tormer or sual residence.	ls, Institutions, Trans
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Jones Jown	Ken 10 , 1931
Samuel James	Hur loela
- / -/	N: 9

If more bianks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

mos

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "('Inanition,') "('Marasmus,') "(Old Age,') "Shock,')
"('Uraemia,') "(Weakness,') etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not peess important. Example: Measles (disease Chronic etc. The contributory valvular heart disease;

EXACTLY, P property ci pino oplied. ACE significant so that it ERVED RESI 0 d u Pe EA F D 00 OZ 0 O state 400

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BINDIN

MARGIN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // (If death occurred in Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCE (Write the word) (Month) (Day) 17 I HEREBY CERVIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER 1981 (Address) Oan 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether FNT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?. Former or usual residence DATE OF BURIAL (Address) If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CIANS

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
OTHER CORPORATELIMITE OF	Registration Dist. No. //6
Village or City (No. 2FULL NAME)	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OF RACE  SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH //5 /3 /, 192
S DATE OF BIRTH  Let 78 , Sloo  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 2 9, 193 0 to 9 9 193 193 193 193 193 193 193 193 193
7 AGE  7 O yrs. 10 mos. 3 ds.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) La menor	Contributory Secondary  Duration  To Duration
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	(Signed)
(Informant) Leef. Manual Manua	if not at place of death?  Former or usual residence.  19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)  Filed Jan. 3, 1981 D. Wolff Registrar	Jesse Leader Carly 19 19 20 UNDERTAKER  13 Le Carpte ADDRESS . 4
If more branks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. (6) The quesmateria Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Aecidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopnoumomia (secondary) cough; on," "Heart failure," "Haemorrhage, Committee on Chronic affection need The n ture of the injury, etc. The contributory valvular heart Nomenclature disease; not be

PLACE OF DEATH	STATE OF MARYLAND
County Localelfian CV	CERTIFICATE OF DEATH
	Registration Dist. No. //6
Village Con (1-91 end (No	
Village of City IACA I ACA III.	St.: Ward) a hospital or institution, give its NAME in-
2FULL NAME MINULA	Juna: Mala stead of street and
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARKIEU.	Jan 16 , 1931
Male Calander DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
11CL 5 1930	not at all 192 . to , 192
(Month) (Day) (Year)	that I last saw ham alive on 192,
7 AGE	and that death occurred on the date stated above, at 4 m.
yrs. 3 mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
O OCCUPATION	Entero arletio (acuta)
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yts mos ds.
9 BIRTHPLACE	Contributory Molnutrition ord freding
(State or country)	(Duration)yrsmosds.
10 NAME OF	(Signed) Seff 2 R M. D.
FATHER Mulbow ham	Jan, 17 1931 (Address) Cambridgy md
U OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER AL-PRODUCTION	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Dtateyrsmesas.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?
Jahn Malack	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) are the man made	allen nd blu 8. 1931
15 D SELMAN	20 UN DERTAKER ADDRESS ADDRESS
Filed Jan 17 1981 Magistrar	Legans HB cener Kanbura
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The Physician, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the not gainfully emmaterial Grocery, Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic derebrospinal meningitis"); \*Diphtheria (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

approved by Melanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-It this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronie etc. The contributory valvular heart disease;

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING A PERMAN WITH UNFADING INK--THIS IS MARGIN RESERVED WRITE

N. B.

FOR

/	PLACE OF DEATH County Norchester	00473 STATE OF MARYLAND CERTIFICATE OF DEATH
	$C_{\Lambda}$	Registration Dist. No. // 6
Vil	lage or City Cldorado (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of a street on number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male A COLOR OR RACE 5 SINGLE.  MARRIED, Married WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH /3 , 1934 (Month) (Day) (Year)
6 (	28 Sept , 1885- (Month) (Day) (Year)	that I last saw herealive on Communication 1923.
200	If LESS than I day hrs. or min.?  OCCUPATION a) Trade, profession or articular kind of work	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(b	b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Secondary
PARENTS	(State or country)  10 NAME OF FATHER Phualhin Murphy  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME NAME OF MOTHER MANY 6. Bramble	(Signed)
14	13 BIRTHPLACE OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Statemosd  Where was disease contracted, if not at place of death?
15	(Informant) alongs Murphy (Address) Rhodesdale  Filed Jany 15th 19231 M. Kastings (Registrar	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  APPRESS  APPRESS
	A	11-1. Simo o o o o o o o o o o o o o o o o o o

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always quality all "(Exhaustion," "Heart failure," Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainsican Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not Chronic valvular heart disease; etc. The contributory Nomenclature

	1PLACE OF DEATH	6047
	County Archerlio	
WIT	MIN CORPORATS LIMITS OF	(3)
v	Fillage or City Cambridge (No. 1	aluni
_	2FULL NAME ha	th
	PERSONAL AND STATISTICAL PARTICULARS	
3	MALE COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF
6	DATE OF BIRTH  (Month)  (Day)  (Year)	17 I
7	AGE  Atul Fram   If LESS than   day hrs.   or min.?	and that deed The CAUSE (
1111	(a) Trade, profession or particular kind of work	01
9	BIRTHPLACE (State or country)	Contribute Seconder
SLN	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)	(Signed)./// *State Violent Ca
PARE	OF MOTHER TO A SAME	Accidental, 18 LENGTH ients or Re
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyı Where was disc
14	(Informant)	Former or usual residence
	(Address) Climy Ct	Carre
15	Filed Jan 8 1981 & Walfe	20 UNDERTA

STATE OF MARYLAND CERTIFICATE OF DEATH

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institu AME ii eet and
31
(Year)
, 1924
1923-1,
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	auses,	state (1)	) Means	Death, or, of Injury		
Accidental,	Build	MI OI TYOM	T C I CATOO .			

(Duration)

ients or Recent Residents)	
At place of deathyrsmosds.	In the State yrs mos ds
and the second s	

Where was discose contracted, if not et plece of dee.h?.....

				_	
9	PLACE	OF	BURIAL	OR	REMOVAL
1	0		0 0		REMOVAL

UNDERTAKER COMMENTAL STATES

DATE OF BURIAL

If more blanks are needed, address tate Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

statement

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Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more precise specimenation, laborer, Laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ed EXACTLY, erly classified tificato. If death occurred in ..... Ward) a hospital or instituion, give its NAME in--tend of street and ...umber.) Cer MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SINGLE. 3 SEX oq WIDOWED back may OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased from BINDING uo 6 DATE OF DIRTH that instructions O 4 and that death occurred on the date stated above, 7 AGE If LESS than 00 supplied The CAUSE OF DEATH & was as follows: I day ... hrs. teri 99 8 OCCUPATION (a) Trade, profession or  $\subseteq$ particular kind of work ...... refully RESERV plai (b) General nature of industry Importan business, or establishment in n which employed or (employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) DA (Duration) ......yrs. ...... mos...... de very Should I 10 NAME OF FATHER 8 (Address). J..... 山雲 11 BIRTHPLACE ARENTS \*State the Disease Causing Death, or, in deaths from AUST OF FATHER (State or country) Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal 0 18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Trans-9 state lents, or Recent Residents) 0 13 BIRTHPLACE in the At place ũ OF MOTHER State, ....yrs.....mos. .. of death ... yrs. ... mos. ... da. Ö (State or country) 73 Where was disease contracted. if not at place of death?... Former or usual residence. S statem OF BURIAL OR REMOVAL DATE OF BURIAL CIANS ADDRESS 's more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer. Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully employed, as 41 echool or 4t home. Care should be taken to report specifically the occupations of persons enstate occupation at beginning of illness. If refired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation cases, specially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day definite salary), anay be entered as Housewife, Housegaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, tion applies to each and every person, irrespective of Civil engineer, Stationary firemen, etc. But in many should be used only when needed. As examples: (a) Statement of Occupation-Precise statement of oceupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Plantor, Physician, Compositor, Architect, Locomotive engineer, whatever, write None.

EASE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same necepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid 11% of "Cropy"); Typhoid fever (never report "Typhoid "pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia"):

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quences (e.g., sepsis, tetanus) may be stated under the mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of vulsions," "Debility" ("Congenital," "Senile," etc.), "Uraemia," "Weakness," etc., when a definite disease Always qualify all diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undertaken. For violent deaths state means of injust and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drouving; Struck by railway train-accident; Revolver wound of head-homicide; ture of the injury, as fracture of skull, and conse-(Recommendations on statement of cause of death approved by Committee on use of "Tumor" for mallgnant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) affection need not be ary), 10 ds. Never report mere symmtoms or terminal symptomatie), "Atrophy," "Collapse," "Coma," "Con-"Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL Septicaemia,""PUERPERAL poritonitis," etc. unqualified, is indefinite); Tuberculosis of lungs, men-The contributory (merely Nomenclature of the American Medical Association.) causing death), 29 ds.; Bronchopneumonia Poisoned by carbolic acid-probably suicide. stated unless important. Example: Measles conditions, such as "Asthenia," "Anaemia," Chronic interstitial nephritis, etc. can be ascertained as the cause. head of "contributory."

No. 1 00

PLACE County	of DEATH	Dr. Co.,	00476 STATE OF	F MARYLAND TE OF DEATH,
/ Countyr.		000 0000 0 mad 0 mm	(108)	on Dist. No. //6
Village or Cit	JLL NAME Ma	When Pin	derst.:w	ard) (If death occurred in a hospital or institu- tion, give its NAME is stend of street and number.)
PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX Male	4 COLOR OR RACE	5 SINGLE, WARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)	26, 1931(Day) (Year)
6 DATE OF BIRTH  March 4, 1/8.76  (Month) (Day) (Year)			I HEREBY CERTIFY, That I 2 192/. to	attended the deceased from 2.5, 193.1, 2.5, 192.1,
7 AGE	6059 9 g	If LESS than I day hrs. or min.	The CAUSE OF DEATH * was as follows	
(a) Trade, p	orofession or and of work	Former	Jaran Meine	
(b) General nature of industry business, or establishment in which employed or (employer)			Contributory Pulman Secondary	y18. mos 5 ds.
10 NAME FATHER	of Wen P	og Mil	(Signed)	more from D.
OF FAT (State U) (State 12 MAIDE OF MO	or country)	2 aune Chose	*State the Disease Causing De Violent Causes, state (1) Meaus of Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Rients or Recent Residents)	Injury and (2) Whether
13 BIRTH		r. C.	At place of deathyrsmosds.	the Stateyrsmosds.
(Information	1/2001	Buder	if not at place of deah?  Former or usual residence	DATE OF BURIAL
15	dress) Drawb	DElwert	Fork heak 20 UNDERTAKER	Jou 28, 19 3
Filed	an 28, 193/	Registra	ar. 18 W. Saratoga St., Balto., Lequesting	V. S. 100. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) eases, especially in industrial employments, it is necestion applies to c.ch and every person, irrespective cf state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (6) Grocery;

s, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebioed term for the same dise.se. Examples: Cerebrosping! to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the picpneumonia, Bronchopneumonia ("Pneumonia,

> If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the permanently filed. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shoek,"
> "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL scpticacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease;

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD BINDING PERMAN K FOR IS UNFADING INK-THIS RESERVED MARGIN WITH

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S. No.

	00477
PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
SITEM OCHPERATELIBRE 07	Registration Dist. No. 1/6
Village or City (No. 19)	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF ILEATH
3 SEX A COLOR OF RACE MARRIED MARRIED WIDOWED. OR DIVORCED (Write the word)	Olonth) (Year) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that 1 last saw byalive on
7 AGE    If LESS than   I dayhrs.   ormin.?	and that death occurred on the data stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (employed)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or county)	Sontributory Condary Duradon Vista mos do.
10 NAME OF FATHER MALLONNO.	(Signed) E & K . J mlon , October Commence D
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER (1)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  In the
OF MOTHER (State or Country)  OF MOTHER (State or Country)	of death yrs mos ds. State yrs mes ds.  Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Address) Caubudy n	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan. 3, 198/ C. E. Walf L. R. Rygetral	20 UN DERTAKER  ADDRESS  Cambridge Med  ON Secretary St. Roller Paguageting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of cupation is very important, so that the relative healthlaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. Physician, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed r," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Stationary freman, etc. But in many (b) Automobile factory. The material Architect, Locomotive (b) cugineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Fxamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

The state of the s

American Medical Association.) stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Conna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, " "Old Age, Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; Nomenclature The contributory " Shock," Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is permanently filed

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See instructions on back of certificate

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TH UNFADING INK--THIS MARGIN RESERVED

BINDING

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. // 6
Village or Cityhun Cambalan (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Cothuin Olidan	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 PATE OF BIRTH  (Month) (Day) (Year)	(Month) 2.7 (Day) 1731 (Year)  I HEREBY CERTIFY, That I attended the decessed from 192 (192)  that I last saw h alive on 192, 192,
7 AGE   If LESS than I day hrs.   Lay hrs. or min.?	and that death occurred on the date stated about 15 11 Pm. The CAUSE OF DEATH * was as follows: Disk sublishing more matural.
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Como de Como Mondo.  Como de C
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
(Informant) Robert Ridaut	usual residence
(Address) hear Cambridge he	Wrigh Cemetery Jan. 30, 19 3/
Filed Jan. 30, 193/ ERWolf Registrar	J. M. St Clair Cambridge MA

If more bienks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valuatar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-," "Convulsions,

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	PLACE OF DEATH	004
	County Dorchester	
g (T)	MIM CURPURATE LIMITE OF	130
Vil	lage or City Cambredge (No.	
/	2FULL NAME John Rober	tran
	PERSONAL AND STATISTICAL PARTICULARS	
	BEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Markiel WIDOWED. OR DIVORCED (Write the word)	16 DATE O
6 1	DATE OF BIRTH	17
	unknown , 1893	رر
	(Month) (Dsy) (Year)	that I last
7 /	If LESS than I day hrs. mos. ds. or min.?	and that de
() p () b w	DCCUPATION a) Trade, profession or Saborer  particular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  FATHER	Contribu Second (Signed)
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	*Stat Violent Accidents 18 LENGTH ients or At place of death
_	(State or Country)	Where was
14	(Informant) Russ Lake  (Address) Camb Haspital	Former or usual residen  19 PLACE (
15	Filed Jan 9, 1921 E. E. Welf	20 UNDER

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // C

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-street and number.)

#### MEDICAL CERTIFICATE OF DEATH

		2	, 192c	7
(Mor	th)(	Day)	(Year	)
17 I, HEREBY CERTIFY, TI	nat I attend	ed the d	eccased f	rom
Oc6 192 & to	, Ju-	7	, 192	1
that I last saw h alive on	N/al	517/	M., 192	2.1.
and that death occurred on the da	/ /	and the same of	153	
The CAUSE OF DEATH * was as fo		7	ff.	Chr.
and Chin	1-1			******
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		(		
(Duration)	on)yı		mos	ds.
Contributory Secondary		<u> </u>	********	
^			/	,
Durati		- C-	monyk	.,0.0,
(Signed)		·····	M	I. D.
(- 9 1921 (Address)	Ca_	-	71	<b>-</b> -K
		in de	sths from	
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	s of Injury	and (2	) Whether	r
18 LENGTH OF RESIDENCE (For				
ients or Recent Residents)				
At place of deathyrsmosds.	In the State	yrs	mos	ds,
Where was disease contracted, if not at place of death?				
Former or usual residence				
19 PLACE OF BURIAL OR REMOYA	L	DATE OF	BURIAL	
11 0. 1 11 -#	. 1 1		1	- 1

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

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YSI	PLACE OF DEATH	(19) (10480 STATE OF MARYLAND
T W	County Dacus	CERTIFICATE OF DEATH
€. ×		Registration Dist. No.
1 (0	Village or City Grocherous (No	St.: Ward) (If death occurred is a hospit I or institution, give Its NAME instends of street and number.)
cper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A PERMA.  SE should be strat it may be proposed on back of	3 SEX  4 COLOR OR RACE 5 FINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)  6 DATE OF BIRTH  7 COLOR OR RACE 5 FINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, MARRIED, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, WIDOWED, CR DIVORCED (Write the word)  7 Color OR RACE 5 FINGLE, WIDOWED, CR DIVORCED (Write the word)	16 DATE OF DEATH AND AND STREET OF DEATH AND AND STREET OF DEATH AND AND STREET OF DEATH AND STREET OF DEA
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em of Information should be carefully should state CAUSE OF CEATH In plain of OCCUPATION IS very important.	particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 DIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)	Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Duration)  (Duration)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Accidental, Suicidal or Homicidal.  (Accidental, Suicidal or Homicidal.  (At place i death yis mos ds baile yis mos da baile yis mos de baile yis mos
<b>S</b>	Cor al Registrai	ear, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.
	WRITE FLACE AND ANTADING INKIHIS IS A FERMA. IN CORD IN Item of Information should be carefully supplied ACE should be stated EXACTLY AS should state CAUSE OF DEATH In plain terms so that it may be properly classificament of OCCUPATION Is very important. See instructions on back of certificate.	Village or City  2FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MIDOWED  (Note the word)  5 DATE OF BIRTH  7 AGE  (No.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MIDOWED  (Note the word)  7 AGE  (No.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MIDOWED  (Note the word)  7 AGE  (No.  PERSONAL AND STATISTICAL PARTICULARS  (No.  PERSONAL AND STATISTICAL PARTICULARS  AND STATISTICAL PARTICULARS  (No.  PERSONAL AND STATISTICAL PARTICULARS  AND STATISTICAL PARTICULARS  (No.  PERSONAL AND STAT

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fulness of various pursuits can be known. the first line will be sufficient, e.g. Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesbusines that fact may indicated thus; Farmo retired 6 yrs). For persons who have no occupation whatever, write Name state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH. Spinner, Civil engineer. Stationary firemant, et .. whatever, write None. definite salary), may be entired as Housewife, Houseen at hune, who are engaged in the duties of the worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Houses aid, etc. If the gaged in domestic service for household only (not paid Housekeepers who receive a Neverteturn 'Laborer," "Foreman," "Manager," "Dealsport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and stillren, not gainfully em-Farm laborer, man, (b) Automobile foctory. vithout more precise specification as Day arm laborer, Laborer—Coal mine, etc. Wom-At school, or Al o supation has been changed Jiome. Care should be taken wages, as Servant, Cook, foctory. The person, irrespective of Locomolire As examples : (a) But in many 6) The quesmaterial conditions, (irocery,

Statement of Cause of Death—Name, first, the disease Cau ing death (the primary affection with respect to time and causation using always the same accepted term for the same disease. Examples: (webrospinal fever (the only definite synonym is "Tydemic cerebrospinal metal, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Toban oneumonia fronchapusymmaa ("Pneumonia";

"Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL septicaemia," "PUERPERAL perisonitis, "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. approved by Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need -not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, carbolic acid-probably suicide. The nature of the injury, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases Whooping American Medical Association. as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., separa, danus) may be stated under the head of contributory." Uraemia, ""Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough, Committee on Nomenclature Chronic valvular heart disease; Example: Measles (Cisease etc. The Sarcoma,, etc., of contributory Meastes;

If this erufficate is looked over thoroughly and all questions wered in detail, it will prevent further correspondence. So data is esential and must be obtained before the cartificate is permanently filed.



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No. 1		₩ O
S. S.	(	I

	1PLACE OF DEATH	STATE OF MARYLAND
1	County Douchester	CERTIFICATE OF DEATH,
	mituid buncung is bimits of	Registration Dist. No.
	Village or City Cambredge (No. 1	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2FULL NAME / Versan / Caer	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Calveld OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I aftended the deceased from 192 to 192 1,  that I last saw herealive on 192 1,
	7 AGE   If LESS than I day hrs.   ds. or min.?	
1	(a) Trade, profession or gen Labor  particular kind of work	Presmons
	(b) General nature of industry / business, or establishment in which employed or (employer)	(Durstion) yrs. mos. de.
	9 BIRTHPLACE (State or country) Beckwett (Dor Co)	Contributory Secondary  (Ourstion)
	10 NAME OF Parker Rowley	(Signed) M. D.
	of FATHER (State or country) Sandy Hill Don Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of mother Sarah Cornell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)  Bulkwith Arcel	ients or Recent Residents)  At place In the State yrs
	(Informant) Namel Rewley	Former or usual residence
	(Address 128 Pine If Caluli h	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Heles Point for Co) mg Jun 31, 19 31
Sec.	15 Filed Jan 3/18/ ElWoff Registrar	20 UN DERTAKER  H. W. Clair Cambe and
-	If more hunks are needed address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative healthtired 6 yrs). definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Farm loborer, Loborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) etc. The contributory valvular heart disease; affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See Instructions on back of certificate.

#### PLACE OF DEATH

Dorchester County County.

#### 66482 STATE OF MARYLAND CERTIFICATE OF DEATH

Vil	lage or City Car		(No. Eastern Shore	Registration Dist. No. 6  State Hospital St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL	AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	Female 4 C	White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)Widowed	January 8, , 19231 (Month) (Day) (Year)
6 [	DATE OF BIRTH		, 1,852 (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 30, 1930 to January 8, 1931, that I last saw her alive on January 8, 1931,
	About 78	yrsn	If LESS than	and that death occurred on the date stated above, at 11:40 Pm. The CAUSE OF DEATH * was as follows: Chronic myocarditis
1979	a) Trade, professi- articular kind of b) General nature usiness, or establi- which employed or BIRTHPLACE (State or country)	work of industry ishment in (employer)		About 5 yrs. (Durstion) yrs. mos. ds.  Contributory Chronic parenchymatous nephritisecondary  About 5 yrs. (Durstion) yrs. mos. ds.
ENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or coun	John S	Shubrooks	(Signed)
AR	12 MAIDEN NAM OF MOTHER			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0.	13 BIRTHPLACE OF MOTHER (State or Coun	Marvle	nd	ienta or Recent Residenta)  At place Since July 30, 1930 the of death
14	(Informant) E.	.S.S.Hospita	of MY KNOWLEDGE  11 Records  Maryland	Where was disease contracted, queen Anne County if not at place of death?  Former or usual residence Centreville, Maryland  19 PLACE OF BURIAL OR REMOVAL  Lewtresch Ma DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more bianks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook: ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement ," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinut fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.;. Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### PLACE OF DEATH

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

	<sup>2</sup> FULL N	NAME Matt	e Sooy				stead of number.)	street and
	PERSONAL	AND STATIST	ICAL PARTIC	ULARS	MEDIC	AL CERTIFICAT	E OF DEATH	
3 SEX		COLOR OR RACE	WIDOWED.	0	16 DATE OF DEATH	January		192.31
	Pema le	White	(Write the word	Separate		(Month)		
6 DAT	E OF BIRTH	July		, 1 876 (Year)	Jamary 25,	CERTIFY, That I  1921 to Janu  alive on	nuary 30,	, 192 <sup>31</sup>
7 AGE			mos. 27 da	If LESS than I day hrs.	and that death occu	rred on the date sta TH *_was as follows	ted above, at	: 25 A.
parti	Frade, profess cular kind of General nature	work H	ousework		10		·····	
(a) parti (b) ( busin whice	cular kind of General nature ness, or establ	work Hills e of industry lishment in r (employer)			Secondary	Chronic myoc	10 .	
(a) parti (b) (b) busin whice	cular kind of General nature ness, or estable th employed o	work Hills of industry lishment in r (employer)	2.1		Secondary (Signed)	(Duction)	arditis " 10 .  Little bridge, Ed	
(a) parti (b) (c) pusii whice 9 BIR: (5)	cular kind of General nature ness, or estable themployed of THPLACE State or country	work Hise of industry lishment in r (employer)  Mary	rland		Secondary (Signed)	(Address)	lo. Bierre bridge, M	M. D
(a) parti (b) (c) pusii whice 9 BIR (5)	cular kind of General nature ness, or estable the employed of THPLACE State or country O NAME OF FATHER  BIRTHPLACE OF FATHER	work His e of industry lishment in r (employer) Mary Charantry) New	rland les Sooy	8	(Signed)	(Address)  Casease Causing Detate (1) Means of or Homicidal.	oridge, in dea	M. D  ths from Whether
(a) parti (b) (c) pusii whice 9 BIR: (S)	cular kind of General nature ness, or estable ch employed o THPLACE State or country O NAME OF FATHER  BIRTHPLACE OF FATHER (State or cou	work Hise of industry lishment in r (employer) Charter Corp.	rlam les Sooy Jersey	8	(Signed)	(Address)  (Address)  Disease Causing Detate (1) Means of or Homicidal.  ESIDENCE (For Homicidals)  In mos. ds.	ath, or, in dea Injury and (2) ospitals, Institut	ths from Whether

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more previous fall mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, eer, Stationary fireman, etc. But in many (b) Automobile factory. The material The ques-Grocery,

Statement of Cause of Death—Name, first, the DESE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." Carbolic acid-probably suicide. The nature of the injury (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; Whooping ...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., interstitial nephritis, cough; Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory

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(Informant)

Filed

(Address)

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S SINGLE.

MARRIED,

WIDOWED.

OR DIVORCED

(Write the word)

(Day)

(Year)

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

If LESS than

I day hrs.

(If death occurred In

	STATE OF MARYLAND
3	CERTIFICATE OF DEAT
	Registration Dist. No.

2	on Strant	a hospital or institution, give its NAME is stead of street an number-)
	MEDICAL CERTIFICATE C	F DEATH
1	16 DATE OF DEATH	19 , 1931
	17 I HEREBY CERTIFY, That I atte	(Day) (Year)
	1/18 193/. 10	
	that I last saw h malive on // 8	193./
1	and that death occurred on the date stated	above, at 10. Seem
	The CAUSE OF DEATH * was as follows:	form
-	Contributory Secondary	·
	Man Strill	yrsmos./A.de
-	(Signed) (Address) Cau	hilye Mil!
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
(	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	
	At place In the State of death	yrsd
	Where was disease contracted, if not at place of death?	7 FY TY TO THE TOTAL THE T
2	Former or usual residence AMUNIA	lac
	19 PLACE OF BURIAL OR REMOVAL	BATE OF BURIAL
	Cincinnate Phis.	Jan. 26, 193/
	Frank E. albargh	Cambridge Med

S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. The duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,".

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact PLACE OF DEATH stated EXACTLY, I properly classified of certificate. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS SSINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. BINDING may be WIDOWED. OR DIVORCED onid Write the word 6 DATE OF BIRTH Instructions ACE s (Month) (Day) (Year) V. FOI If LESS than 7 AGE supplied. hrs -THIS RESERVED BOCCUPATION 99 (a) Trade, profession or SIS particular kind of work XX e carefully ATH in plai (b) General nature of industry business, or establishment in UNFADING which employed or (employer) impor MARGIN 9 BIRTHPLACE (State or country) (Duration) .. QW OD FATHER 314 20 1950 (Address) 11 BIRTHPLACE (n Lu OF FATHER Z S on (State or country) CAU Ш ati 12 MAIDEN NAME 2 OF MOTHER ofthorm te ients or Recent Residents) 13 BIRTHPLACE d'ett OF MOTHER (State or Country) if not at place of death? item of OF 0 Every item CIANS sho statement Former or usual residence (Informant) (Address) 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL (	CERTIFICA	ATE OF	DEATH
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************************		14/2!	192
***************************************	(Month)	(Day)	(Year)
17 I HEREBY C	ERTIFY, That I	attended the de	eceased from
I HEREBY C	1929 . to D	19	1920
that I last saw hathas	alive on	ted above, at	45 Pm
The CAUSE OF DEATH	* was as follows:		
			,,
	(Duration)	/ yrs / D	nosds
Contributory Secondary			

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

At place of deathyrsmosds.	In the Stateyrsmosds.
W/L was disease contracted.	

19 PLACE	OF	BURIAL	OR	REMOVAL
0	-	RI		REMOVAL

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman. (b) without more precise specification as Day (b) Automobile factory. The person, irrespective of not gainfully emmateria engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thine and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

permanently filed

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data: is essential and must be obtained before the certificate is stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, ctc., Careinomu, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "Inanition," "Marasmus, Charles," traemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronehopucumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the aecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaconia," "Puerperal perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury Whooping Never report mere symptoms or terminal condiinterstitial nephritis, cough; "Heart failure," "Haemorrhage," Chronic valvular heart discase etc. The contributory

CORD

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN

WRITE PLA

PLACE OF DEATH County Dorchestes	STATE OF MARYLAND CERTIFICATE OF DEATH
mitale confession Limits of	Registration Dist. No. //6
Village or City (No. 2FULL NAME These May of	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 4 , 192 (Month) (Day) (Year)
6 DATE OF BIRTH Jan 1 1882	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	that I last saw halivo on, 192,
7 AGE  49 yrsmosds.   If LESS than   1 dayhrs. ormin.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Cerebral Haemoushage
(b) General nature of industry business, or establishment in which employed or (employer)	Occident (Durstion) yrs mos 2. ds.
9 BIRTHPLACE (State or country) Many Reserved	Contributory Secondary  (Duration) yrs. mos. ds.
10 NAME OF Sceleard 13 Jones	(Signed) Vinlow, P. Je. acting Corones M. D. Jun . 5 192 (Address) Coron widge Mel
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidai.
of Mother Mos 6, 0	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Address) Jold nece me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Jan. 5, 1931 C. E. Wolf Registrar	20 UNDERTAKER  ADDRESS  ADDRESS  ALL  ADDRESS
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Publication.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the dutics of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrooping (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; by Committee on Nomenclature of the etc. The contributory

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; aecident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

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WRITE

6 DATE OF BIRTH

7 AGE

#### 00458 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /10

St.: Ward	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH GOV.	14" , 1931
17 I HEREBY CERTIFY, That I at Sauce at may afford follow that I last saw here on the same of the same	ttended the deceased from
and that death occurred on the date state The CAUSE OF DEATH * was as follows  My Lor Lill	11 4 4
Contributory	yrsmosds.
(Signed)	M. D.
*State the Disease Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in desths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Trans
At place In the of deathyrsmosds.	ne ateyrsmosds
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UN DERTAKERS	Sederalsburg

PLACE OF DEATH	
se or city tirrebrille (No.	

4 COLOR OR RACE 3 SEX

PERSONAL AND STATISTICAL PARTICULARS

SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)

(Month) (Day)

If LESS & I day

(Yea

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

8 OCCUPATION
(a) Trade, profession or particular kind of work

> 10 NAME OF FATHER

11 BIRTHPLACE PARENTS OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

KNOWLEDGE

(Informant

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Every item CIANS shot

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Housemuid, etc. If the occupation has been changed etc., Foreman, For many occupations a especially in industrial employments, it is necesyr.8). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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STATE OF MARYLAND

1PLACE OF DEATH

BINDING TH UNFADING INK-THIS IS A PERMAN MARGIN RESERVED

V. S. No. 1

of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-lid state CAUSE OF DEATH in plain terms so that it may be properly clabelfied. Exact f OCCUPATION is very important. See instructions on back of certificate.

County Dochesta	(135) CERTIFICATE OF DEATH
	Registration Dist. No. // /
Village or City being ete P. O (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street and
2FULL NAME faces to the	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewele White Single, MARRIED, WIDOWED.  On an annual Control of Co	16 DATE OF DEATH  (Month) 17 ((Day) 9 3/ (Year)
G DATE OF BIRTH  The state of Birth  (Month) (Day) (Year)	that I last saw har alive on the last saw has alive on the last saw ha
7 AGE   If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Queficielles / age
which employed or (employer)	(Durstion) yrsmosd
9 BIRTHPLACE (State or country) Dry C last	Contributory Secondary (Durstion) yrs mos 4 d
10 NAME OF Jahn Denne	(Signed) The During M. I Jan 17 1921 (Address) Crops, The Ass.
OF FATHER  (State or country)	*State the Disease Casing Death, or in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Marga Vet Drung	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Til I and I dans	Former or usual residence
(Address) Compete Jud	19 PLACE OF BURIAL OR REMOVAL Jan 19, 193.
15 Filed Jan 17 19231 Mrs W. J. Gusich	20 UNDERTAKER ADDRESS  9. S. Le Compte Cambridge
If mora bianks are needed, address Stata Ragistra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). ployed, as At school, by at home. Care should be taken to report specifically the occupations of persons en-Spinner, (b) Cotton additional line is playided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. Statement of Occupation Precise statement of oc-cupation is very important, so that the relative healthwhatever, write None. state occupation at b or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scream, Cooker household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only nature of the business or industry, and therefore an sary to know (a) business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, Physician, Compos tion applies to each and every person, irrespective o " etc., or At Home, and children, For many occupations a single word or term on especially in Farm laboret, Laborerwithout more precise specification as For pe sons who have no occupation 6 , 1030 the kind of work and also (b) the when needed. As example, mill: (a S. lesman. (b) Groce Automobile factory. The mate industrial employments, it is neces ginning of filness. If retired from Architect, -Coal mine, etc. etc. But in not gainfully em-Locomotive The quesmaterial engineer Grocery House-Wommany Day

EASE CAUSING DEATH (he primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Broachopneumonia ("Pneumonia,")

approved carbolic a accident; Examples and qual State cause for which surgical operation was under-"PUERPI diseases "Inanit American Aledical Association.) or as prob unqua. as fract Recomm m (sunp fied, is indefinite); Tuberculosis of lungs, menpscertained as the cause. Always qualify all "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid peritonaeum, etc., stion; unless important. a," "Weakness," etc., when a definite disease trophy," "Collapse, ch as "Asthenia," "Anaemia" (merely symptom-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) y" ("Congenital," "Senile," etc.), "Dropsy, stion," "Heart failure," "Haemorrhage, interstitial nephritis, RAL septicaemia," "PUERPERAL peritonitis, bly such, if impossible to determine definitely OR VIOLENT DEATHS State MEANS OF INJURY tevolver, wound of head-homicide; Poisoned by y as ACCIDENTAL, SUICIDAL, or HOMICIDAL, resulting from childbirth or miscarriage as be stated under the head of "contributory." -probably suicide. The nature of the injury Accidental drowning; Struck by railway traindations on statement of cause of death " "Marasmus," "Old Age," "Shock, cough; of skull, and consequences (e.g., sepsis or intercurrent) affection Committee on Nomenclature Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory need not be

If this make is looked over thoroughly and all questions answered in tall, it will prevent further correspondence. All the data is ess al and must be obtained before the certificate is permanently d

0	STATE OF MARYLAND
County Jordestes	CERTIFICATE OF DEATH
ITMIM CORPORATE LIMITS OF	Registration Dist. No.
Village or City Canaly (No. 24.	5 / St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
andelson Block Single, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased for
(Month) (Day) (Year)	that I last saw h alive on not at ale , 192
7 AGE 3 mo. abortion   If LESS that I day hrs or min.	and that death occurred on the date stated above, at
e OCCUPATION (a) Trade, profession or particular kind of work	(Came under
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsnos
9 BIRTHPLACE (State or country)	Contributory Secondary  Puration  To secondary  Secondary
	Secondary  (Signed)
(State or country) Many (State or country)	(Signed)
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed)
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)*  12 MAIDEN NAME OF MOTHER  HISTORY  12 MAIDEN NAME OF MOTHER  HISTORY  13 MAIDEN NAME OF MOTHER	(Signed)
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  WALL  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER	(Signed)
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 Maryland  15 BIRTHPLACE OF MOTHER (State or Country)  16 Maryland	Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs mos ds State yrs mos for the state of death for the state of death?  Where was disease contracted, if not at place of death?  Former or usual residence
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs mos ds. State yrs mos for the state of death yrs mos for the state of death?  Where was disease contracted, if not at place of death?  Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, laborer, Foreman, (b) to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the For persons who have no occupation Automobile factory. The materia -Coal mine, etc. not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia,")

"Debility" ("Congeuital," "Senile," etc.), "Dropsy, "Firhaustion." "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonihis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Committee Chronic valvular heart disease, on etc. The Nomenclature Always qualify all contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is opermanently filed